



# Application for Retirement Allowance

## State Police Retirement System

This package includes all the information and forms you need to apply for a retirement allowance from the **NEW JERSEY STATE POLICE RETIREMENT SYSTEM (SPRS)**:

Retirement Qualifications and Benefits .....	page 2
Types of Retirement	
<i>Service Retirement — Special Retirement — Deferred Retirement</i>	
Survivor Benefits After Retirement	
Disability Retirement	
Converting Life Insurance .....	page 4
Deferred Retirement	
Instructions for Completing Retirement Application .....	page 5
Retirement Application .....	page 7
Certification of Service and Final Salary .....	page 9

*If you have questions about the qualifications for retirement, call the  
Division of Pensions and Benefits at (609) 292-7524.*

# Retirement Qualifications and Benefits

## State Police Retirement System

### MANDATORY RETIREMENT

Retirement is mandatory at age 55 for all SPRS members. If you do not file an application for retirement before your mandatory retirement date, you will be retired by the SPRS Board of Trustees on a Service Retirement allowance effective the first day of the month following your 55th birthday. Even though the Board of Trustees has retired you, you cannot begin to receive benefits until you have filed a properly completed retirement application with the Division of Pensions and Benefits.

At age 55 the statutes guarantee that you will receive a benefit of at least 50% of your final compensation even if you have not established 20 years of service as a State policeman.

It is your responsibility to file an *Application for Retirement Allowance*. Six months advance filing is recommended. Processing time varies and cannot begin until we have received all the necessary information and forms from both you and your employer.

If you have not furnished proof of your age to the Division, you should attach a photocopy of your birth certificate to your *Application for Retirement Allowance*.

### TYPES OF RETIREMENT

There are several types of retirement for which you may qualify. Please keep in mind that only service rendered as a member of the State Police may be used to satisfy the creditable service requirements of the following types of retirement. This includes the creditable service of those members appointed to the Division of State Police under Section 3 of P.L. 1983, c. 403.

### SERVICE RETIREMENT

is available when you complete 20 years of creditable service as a member of SPRS. The amount of your annual retirement allowance is equal to 50 percent of your final compensation. If you are forced to retire because of age and you have 20 or more years of creditable service in SPRS, your retirement allowance is equal to 50 percent of final compensation plus 3 percent for each year of creditable service over 20, but not more than 25 years. The maximum benefit under a Service Retirement, therefore, is 65 percent of final compensation. Final compensation means the base or contractual wages (**including** maintenance) you received during the 12 months preceding retirement.

### SPECIAL RETIREMENT

is available to those members who have 25 years or more of service credit as a member of SPRS. The amount of your annual pension will be equal to 65 percent of your final compensation plus 1 percent for each year of creditable service over 25 years, but not to exceed 30 years. The maximum allowance is, therefore, 70 percent of your final compensation. Final compensation means the base or contractual wages (**including** maintenance) you received during the 12 months preceding retirement.

### DEFERRED RETIREMENT

is available to those members who have at least ten years of membership credit and are not yet 55 years of age when they terminate employment. The retirement will be effective on the first of the month after attaining age 55. You will receive a retirement allowance equal to 2 percent of your final compensation for each year of service up to 25 years. Your

survivor benefits are **not** in effect between the time you terminate employment and Deferred Retirement becomes effective. You may apply for a Deferred Retirement when you terminate covered employment.

Your life insurance coverage is **not** in effect between the time you terminate employment and your Deferred Retirement becomes effective. If you die before your Deferred Retirement becomes effective, the last beneficiary you named under your account (not the beneficiary you named on your retirement application, if different) will receive a return of your contributions. There is no other death benefit under these circumstances.

At any time before your Deferred Retirement becomes effective, you may change your mind and apply for withdrawal of your contributions instead. Once you cancel your Deferred Retirement and withdraw your contributions, all the rights and privileges of membership end.

Those electing Deferred Retirement cannot transfer their health care coverage to the retired group of the State Health Benefits Program. However, you are entitled to continue coverage in the SHBP employee group for up to 18 months after termination of employment in accordance with federal COBRA legislation. If your retirement allowance becomes due and payable during the 18 months of extended coverage under COBRA, you would qualify for coverage in the SHBP retiree group. You will have to contact the Division of Pensions and Benefits, however, and request a SHBP offering letter.

## **SURVIVOR BENEFITS AFTER RETIREMENT**

Upon the death of an active or retired member, the surviving spouse is eligible to receive a pension benefit equal to 50 percent of your final compensation. If there is no surviving spouse, or your surviving spouse dies or remarries, the following benefit is payable to your minor children:

- 50 percent of final compensation to three or more

children;

- 35 percent of final compensation to two children; or
- 20 percent of final compensation to one child.

Surviving spouse means the person to whom you were married on the date of your death. If your surviving spouse remarries after your death, benefits cease.

Child(ren) means your unmarried child(ren) under the age of 18 or of any age if at the time of your death he/she is disabled because of mental or physical incapacity and is incapable of substantial gainful employment because of the impairment. This incapacity must last or be expected to last for a continuous period of not less than 12 months as affirmed by the SPRS Medical Board.

Upon the death of an active or retired member, if there is no eligible surviving spouse or children, a pension will be paid to your eligible parents in these amounts:

- 25 percent of final compensation to one eligible parent; or
- 40 percent of final compensation to two eligible parents.

Parent(s) means your parent(s) who was receiving at least one-half support from you in the 12 months immediately preceding your death or the accident which led to your death. If your parent remarries after your death, benefits cease.

Final compensation is the total base salary upon which your pension contributions were based during the year preceding your retirement or death during active service (including the value of maintenance for the same period).

## **DISABILITY RETIREMENT**

You cannot use this application to file for disability retirement. Please contact the Division of Pensions and Benefits at (609) 292-7524 for the proper application.

# CONVERTING LIFE INSURANCE

## State Police Retirement System

If you are covered by group life insurance while employed, the coverage ends 31 days after you cease employment. You are eligible to continue your life insurance coverage after you leave employment by purchasing a conversion life insurance policy at your own expense. This page explains the issues that you should consider and the rules to follow when purchasing a conversion policy.

You have the option to convert your group life insurance coverage to an individual policy with the Prudential Insurance Company when you retire. **This conversion to a Prudential policy is guaranteed (you cannot be denied coverage for health or other reasons), but it may be more expensive or less suitable to your needs than other policies for which you may qualify from Prudential or other insurance carriers.** You should contact other insurance carriers and compare the available policies and costs before you decide to purchase the conversion policy. (Other carriers may accept or reject your application based on their evaluation of the status of your health and other factors). **If you wish to purchase a conversion policy, you have a one-time option to do so prior to the 31st day after you cease employment. After that date, you will not be eligible to purchase a conversion policy.**

To initiate the purchase of a conversion policy, you must contact the Prudential Insurance Company (not the Division of Pensions and Benefits) through any of its local offices or, if you live in New Jersey, by calling 1-800-262-1112. You will need to provide your group insurance policy number — G-14800.

The conversion policy can be for any amount of insurance up to the amount that you had while employed (see example below). (In the case of a retirement or deferred retirement, the maximum amount that you can purchase will be reduced by the amount of any life insurance that you will automatically receive in retirement under your retirement plan.)

**Example:** If you had group life insurance of

\$112,000 through the retirement system while employed, and that life insurance coverage drops to \$16,000 at retirement, you can purchase up to \$96,000 in life insurance coverage under an individual non-group policy by contacting a Prudential agent within 31 days following termination of employment.

The amount of your group life insurance will be substantially reduced when you retire. The amount of your coverage will be listed in the ***Quotation of Benefits*** that you will receive prior to your retirement. It will be identified as the "Lump Sum Death Benefit." You will automatically be covered by this insurance and do not need to do anything to qualify.

If you retire with less than 10 years of credit in the retirement system, you will not receive any group life insurance in retirement.

The reduction (or elimination) of your life insurance coverage will be effective 31 days after your date of retirement. If you wish to supplement this coverage with either a conversion policy from Prudential or another type of policy from Prudential or another insurance carrier, it would be best to begin exploring your options at least four months prior to your retirement.

### DEFERRED RETIREMENT

Your life insurance coverage will end 31 days after termination of employment. Any life insurance coverage to which you are entitled upon retirement will not take effect until you reach age 55 and begin to receive retirement benefits.

You have the one-time option to purchase a conversion policy within the 31 days after **termination** of employment (***not at the time that you reach normal retirement age***). The maximum amount of coverage that you may purchase will be the difference between the amount of coverage you had while employed and the amount of coverage that you will automatically receive when you begin to receive retirement benefits.

**STATE POLICE RETIREMENT SYSTEM  
NEW JERSEY DIVISION OF PENSIONS AND BENEFITS  
APPLICATION FOR RETIREMENT ALLOWANCE**

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

**Retirement is mandatory at age 55.**

**When to File:**

All retirements are effective on the first of the month. File this application **with the Division of Pensions and Benefits before** your retirement date or you will lose benefits. Six months advance filing is recommended. You must terminate employment **before** your retirement date.

**Mail** your completed application to the:  
Division of Pensions and Benefits  
PO Box 295  
Trenton, NJ 08625-0295.

**Disability Retirement:** Do not use this form to file for any type of disability retirement. Please contact the Division of Pensions and Benefits at (609) 292-7524 for the proper application.

**INSTRUCTIONS —**

**MEMBERSHIP NUMBER** — If you are not sure of your number, contact your Personnel or Payroll Office.

**ITEM 1: NAME** — Insert your full name.

**ITEM 2: ADDRESS** — Insert your present mailing address. Report any change of address before you begin receiving a pension to the Retirement Bureau at the address shown above. Give your social security number and retirement date in the letter.

**ITEM 3: SOCIAL SECURITY NUMBER**

**ITEM 4: DATE OF BIRTH** — Insert the month, day and year of your birth. You should submit a copy of your birth or baptismal certificate if you have not already done so. (Do not delay filing this application if this document is not readily available.)

**ITEMS 5 AND 6: TELEPHONE NUMBERS**

**ITEM 7: LOANS AT RETIREMENT** — If you have a loan balance, you must decide whether you wish to pay the loan off in a lump sum prior to retirement or continue your monthly payment into retirement until the loan balance, **plus interest**, is satisfied. **No partial payments are accepted.**

**ITEM 8: EFFECTIVE DATE OF RETIREMENT** — Insert the date you wish to retire. For deferred retirement, the effective date is the first of the month following your 55th birthday.

**ITEM 9: TYPE OF RETIREMENT ALLOWANCE DESIRED —**

**Service Retirement:** at any age with 20 years of creditable service. The amount of your annual allowance will equal 50 percent of your final compensation.

**Special Retirement:** any age with 25 or more years of service credit. Allowance is based on 65 percent of your final compensation for the first 25 years of

service credit with an additional 1 percent of final compensation for each year of service credit beyond 25, up to a maximum of 70 percent of final compensation.

**Deferred Retirement:** under age 55 with 10 or more years of service credit and not qualified for either Service or Special Retirement. Retirement is effective the first of the month following your 55th birthday. Allowance is based on 2 percent of your final compensation for each year of service credit.

**ITEM 10: MARITAL STATUS.**

**ITEMS 11: NAME OF SPOUSE** — Print your spouse's name, including maiden name if applicable.

**ITEM 12: SPOUSE'S SOCIAL SECURITY NUMBER**

**ITEM 13: SPOUSE'S BIRTHDATE** — Insert the month, day, and year of your spouse's birth.

**ITEMS 14: LIST ALL CHILDREN UNDER 18 YEARS OF AGE** — List all children under age 18 or any unmarried child of any age who is mentally or physically incapacitated. Indicate the gender, birthdate, and social security number of each child in the spaces provided.

If you need to list more than three children, do so on a separate sheet of paper and attach it to this application. Be sure to list the same information as requested in Item 14. **The attachment must be signed by you and the Superintendent of the NJ State Police (or an authorized representative).**

**GROUP LIFE INSURANCE BENEFITS** — *(Does not apply to members with less than ten years of membership credit.)* The beneficiary(ies) you name is eligible for any and all other death benefits under the retirement system not specifically directed to an eligible widow or widower or children. An eligible surviving spouse and children may be named for this benefit as well.

You may name any person or persons as well as an institution, charity, your estate, etc., as beneficiary. *If you designate an institution or charity, you must also include the institution's or charity's date of incorporation.* You may also name multiple beneficiaries for this benefit.

Please be sure to name **both Primary and Contingent** beneficiaries in this section. If you name more than one primary beneficiary, the life insurance will be divided equally among the primary beneficiaries living at the time of your death. If there is no surviving primary beneficiary, payment would be divided equally among your remaining contingent beneficiaries. If you wish a different settlement for insurance, contact the Division of Pensions and Benefits for assistance.

If you find it necessary to use additional sheets to complete this section, **the attachments must be**

**signed by you and the Superintendent of the NJ State Police (or an authorized representative).**

**The designation of beneficiary becomes effective when your retirement is due and payable and will replace any former designations you have made.**

Your group life insurance **may be converted** to an individual policy at retirement with the Prudential Insurance Company (*see page 4*).

Your first retirement check cannot be issued earlier than 30 days following your retirement date or approval by the SPRS Board of Trustees, whichever is later. This is when your retirement becomes "due and payable." **If approval of your retirement is delayed, your first check will be retroactive to your original requested date of retirement.**

**IF YOU NEED HELP COMPLETING THIS APPLICATION, CONTACT THE  
DIVISION OF PENSIONS AND BENEFITS,  
OFFICE OF CLIENT SERVICES AT (609) 292-7524  
OR VISIT OUR OFFICE AT 50 WEST STATE STREET, TRENTON, NJ**



## STATE POLICE RETIREMENT SYSTEM — NEW JERSEY DIVISION OF PENSIONS AND BENEFITS

**APPLICATION FOR RETIREMENT ALLOWANCE**

PLEASE READ THE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS APPLICATION.

Please print (black ink preferred) or type.

MEMBERSHIP NO. \_\_\_\_\_

1. Name (Last, First, Middle) \_\_\_\_\_

2. Address (Street, City, State, Zip) \_\_\_\_\_  
\_\_\_\_\_

3. Social Security No. \_\_\_\_\_ 4. Date of Birth (Month, Day, Year) \_\_\_\_\_

5. Home Phone (\_\_\_\_\_) \_\_\_\_\_ 6. Work Phone (\_\_\_\_\_) \_\_\_\_\_

7. If you will have an outstanding loan balance at retirement, how do you want to pay the loan off?

☐ Lump Sum ☐ Withhold Retirement Checks

8. Retirement is to be effective the first day of (Month, Year) \_\_\_\_\_

9. Type of Retirement Allowance desired: ☐ Service ☐ Special ☐ Deferred

Please provide the requested information regarding your marital status and children.

10. Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced11. Name of Spouse,  
if married or separated  
(Last, First, Middle) \_\_\_\_\_

Maiden Name of Spouse \_\_\_\_\_

12. Spouse's  
SSN \_\_\_\_\_ 13. Spouse's Birthdate  
(Month, Day, Year) \_\_\_\_\_

14. List any children under 18 years of age, or a child (unmarried) who is mentally or physically incapacitated, regardless of age. Be sure to indicate both the gender, birthdate, and social security number of each child. Submit photocopies of the birth certificates or adoption papers of eligible children.

(Last Name, First, Middle) \_\_\_\_\_

☐ Male ☐ Female Birthdate (Month, Day, Year) \_\_\_\_\_ SSN \_\_\_\_\_

(Last Name, First, Middle) \_\_\_\_\_

☐ Male ☐ Female Birthdate (Month, Day, Year) \_\_\_\_\_ SSN \_\_\_\_\_

(Last Name, First, Middle) \_\_\_\_\_

☐ Male ☐ Female Birthdate (Month, Day, Year) \_\_\_\_\_ SSN \_\_\_\_\_

**DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)**

Only those members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is to be used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. This designation becomes effective at retirement.

**PRIMARY BENEFICIARY(IES)**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

**CONTINGENT BENEFICIARY(IES) — If no Primary Beneficiary is living at my death, payment is to be made to:**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SS# (OPTIONAL)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

Date \_\_\_\_\_ **SIGNATURE OF APPLICANT** \_\_\_\_\_

**BY THE SUPERINTENDENT, DIVISION OF NJ STATE POLICE** (or authorized representative). This application is the act of this applicant and the signature hereon is his/her act or deed.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Date



**NEW JERSEY DIVISION OF PENSIONS AND BENEFITS**  
**STATE POLICE RETIREMENT SYSTEM**  
**CERTIFICATION OF SERVICE AND FINAL SALARY — RETIREMENT**

**THIS FORM MUST BE COMPLETED BY EMPLOYING AGENCY — SEE INSTRUCTIONS ON REVERSE SIDE**

1. Name of Member \_\_\_\_\_
2. Membership No. \_\_\_\_\_ 3. Social Security No. \_\_\_\_\_
4. Date service terminated \_\_\_\_/\_\_\_\_/\_\_\_\_. *Applicant will not render any service to, or earn salary from this agency after date service terminated.*
5. Was member dismissed, or under suspension or formal indictment? ☐ Yes ☐ No **IF YES, ATTACH EXPLANATION.**
6. List absences of one month or more, without pay, within the last 12 working months.

REASON FOR ABSENCE	DATES OF ABSENCE (FROM - TO)	REASON FOR ABSENCE	DATES OF ABSENCE (FROM — TO)
	TO		TO
	TO		TO
	TO		TO

7. Base salary subject to pension fund contributions paid for the last twelve months of service ending on the date of termination (*line 4 above*); please list number of months at the particular salary range and show a total of twelve months.

ANNUAL RATE OF SALARY	ANNUAL RATE OF MAINTENANCE	DATES		TOTAL
\$ _____	\$ _____	from _____	to _____	\$ _____
\$ _____	\$ _____	from _____	to _____	\$ _____
\$ _____	\$ _____	from _____	to _____	\$ _____
\$ _____	\$ _____	from _____	to _____	\$ _____

**TOTAL BASE SALARY PAID FOR LAST TWELVE MONTHS OF SERVICE \$ \_\_\_\_\_**

8. Has the member received an annual salary increase of 15% or more in the last 3 years? ☐ Yes ☐ No **If yes, please provide a detailed explanation with documentation.**

9. Has there been any retroactive salary paid to the employee within the past three years? If so, please describe below:

BI-WEEKLY SALARY INCREASED		INCREASE RETROACTIVE TO		GROSS RETROACTIVE SALARY CHECK PAID TO MEMBER
FROM	TO	PAY PERIOD #	YEAR	
\$ _____	\$ _____			\$ _____
\$ _____	\$ _____			\$ _____
\$ _____	\$ _____			\$ _____

Completed by \_\_\_\_\_

Phone Number \_\_\_\_\_

Superintendent or  
Representative \_\_\_\_\_

Date \_\_\_\_\_

## **INSTRUCTIONS**

**This form must be completed when a member files an application for retirement benefits. Failure to provide this information will delay processing the member's retirement application.**

- ITEM 5:** If member was dismissed, under suspension or formal indictment, place an (X) in the YES block and attach an explanation with documentation. This information is required before processing the retirement application.
- ITEM 7:** Indicate the following: (1) annual rate of salary, (2) annual rate of maintenance, (3) the beginning and ending dates of the annual rate, and (4) the total base salary for the period. A total of 12 months of salary must be indicated.
- ITEM 8:** If the member had a salary increase of 15% or more within the last 3 years of membership, attach a detailed explanation of why this increase was granted, with documentation. This information is required before processing the retirement application.
- ITEM 9:** Indicate the amount of any retroactive salary increases within the last 3 years with the beginning and ending dates for each increase.

### **WORKERS' COMPENSATION**

An application for retirement will be accepted while the member is receiving periodic benefits under the Workers' Compensation law. Pension contributions must continue, if required, up to the effective date of retirement. Please attach an official statement of the Workers' Compensation award showing the amount of periodic benefits with the beginning and ending dates of the benefits awarded. If the member is retiring under an Accidental Disability Retirement, the unpaid balance of the award on the date of retirement will be used to reduce the member's retirement allowance on a dollar-for-dollar basis.

**SUBMIT THIS CERTIFICATION TO: RETIREMENT BUREAU  
DIVISION OF PENSIONS AND BENEFITS  
PO BOX 295  
TRENTON NJ 08625-0295**